

## Statement of Understanding Regarding Release of Information Contained in Program Records

I understand that information on the learner registration information forms may be shared with the Indiana Department of Education or other adult education personnel for the purpose of compiling and reporting information as required by the Adult Education and Family Literacy Act.

I understand that after I have finished my program of study I may be contacted by telephone, regular mail, or e-mail about completion of my goals.

I understand that information regarding the completion of the following goals may be verified by another private or governmental agency:

- getting or keeping a job
- enrolling in a college, university, or other training program
- passing the GED exam or getting a high school diploma

I authorize the program to release the following types of program record information:

- directory information (name, address, telephone, social security number, etc.)
- assessment scores
- record of attendance
- statistical information (gender, ethnicity, employment status, education, disability status, etc.)
- educational goals and achievements

(Optional) Additional agencies to which this information may be released:

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I understand that this release of information is valid for one year from the date of my signature.

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Signature of Student

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Date

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Signature of Parent or Guardian (if necessary)

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Date

## Simplified Release of Information Form

Many ESL or English literacy students are not able to understand the learner registration information forms and the program may use a simplified application. These students may also need to use a simpler release form. The release below may be substituted.

### Release of Information

I, \_\_\_\_\_, understand that a representative of the adult education program may call or write to me about my goals after I finish my class. I give permission to use information on this form to contact me. I give permission for other information (such as my social security number) to be used by adult education to make program reports. No information about me will be published. I understand that giving my social security number is voluntary. The social security number may be used to match information between private and state agencies. It will not be used to make decisions about me or any other person. If I do not give my social security number, I will not lose any rights or services as a student.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if required)

\_\_\_\_\_  
Date

[illegible]

### Reasons Records Were Accessed

## Authorization for Release of Strictly Confidential Information to Local Staff or Volunteers

I give my permission to release information contained in the document(s) indicated below:

Please date and initial the appropriate items below.

**Date**   **Initials**   **Item**

\_\_\_\_\_   \_\_\_\_\_   Tests of Adult Basic Education (TABE) scores

\_\_\_\_\_   \_\_\_\_\_   Comprehensive Adult Student Assessment of System (CASAS) scores

\_\_\_\_\_   \_\_\_\_\_   GED Official Practice Test scores

\_\_\_\_\_   \_\_\_\_\_   GED scores

\_\_\_\_\_   \_\_\_\_\_   Other: \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_   School records from: \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_   Other records from: \_\_\_\_\_

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

If the same information can be made available to several staff people, please list their names below. Then date and initial the appropriate individuals. If different information is going to various individuals, make separate forms.

**Date**   **Initials**   **Staff Member**

\_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

**Date**   **Initials**   **Staff Member**

\_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_   All of the Staff Members Listed above

\_\_\_\_\_   \_\_\_\_\_   Other Individual(s) \_\_\_\_\_

\_\_\_\_\_   \_\_\_\_\_   Volunteer Tutor \_\_\_\_\_

This release is valid from the date of my signature until June 30, \_\_\_\_\_, or until it is revoked in writing, whichever occurs first. This release has been read to me and I understand its contents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of staff person releasing the information: \_\_\_\_\_

## Authorization for Release of Information to External Agencies or Individuals

I give my permission to release information contained in the document(s) indicated below:  
Please date and initial the appropriate items below.

Date	Initials	Item
_____	_____	Tests of Adult Basic Education (TABE) scores
_____	_____	Comprehensive Adult Student Assessment of System (CASAS) scores
_____	_____	GED Official Practice Test scores
_____	_____	Attendance records
_____	_____	Other: _____
_____	_____	School records from: _____
_____	_____	Other records from: _____

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

If the same information can be made available to several staff people, please list their names below. Then date and initial the appropriate individuals. If different information is going to various individuals, make separate forms.

Date	Initials	Agency
_____	_____	Agency: _____
_____	_____	Other Individual(s): _____

This release is valid from the date of my signature until June 30, \_\_\_\_\_, or until it is revoked in writing, whichever occurs first. This release has been read to me and I understand its contents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of staff person releasing the information: \_\_\_\_\_